

REMARKS**OVERVIEW**

Claims 84-89, 92-100, and 102-103 are pending in this application. Claims 101 and 104 have been cancelled. Claims 84 and 92 have been amended. The present response is an earnest effort to place all claims in proper form for immediate allowance. Reconsideration and passage to issuance is therefore respectfully requested.

ISSUES REGARDING SPECIFICATION

The Examiner indicates that certain material in the previously presented claims introduces new matter. The Applicant respectfully disagrees. The material of concern to the Examiner is:

- "storing a relationship defined by the linking wherein the relationship includes rank ordering of the selection of the at least one diagnosis code linked to the selection of the patient procedure code" as disclosed in claim 84, lines 9-11;
- "in rank order" as disclosed in claim 92, line 8;
- "wherein the step of linking maintains the defined relationship between the patient procedure code and the at least one diagnosis code," as disclosed in claim 95, lines 1-2;
- "wherein the step of linking maintains a record of the defined relationship between the patient procedure code and the at least one diagnosis code," as disclosed in claim 96, lines 1-2;
- "a rank ordered relationship," as disclosed in claim 98, lines 7-8.

The Applicant observes that much of this language was added for clarification purposes to specify what is meant by "code-driven." The Applicant directs the Examiner's attention to p. 5, lines 5-7 of the application as originally filed where the second listed feature of the invention "is the provision of a billing and records system which is code driven."

The Applicant further directs the Examiner's attention to FIGs. 12 and 13 and the description thereof, particularly, the description on p. 22, lines 5 to 16 which state:

"The selected diagnosis code appears in the upper left corner of the diagnosis screen 106 as shown in FIG. 13 and the order of codes may be changed by highlighting the desired code and then moving the highlighted code either up or down, to the top or to the bottom by selecting the appropriate push button. Additionally, either the highlighted code or all of the codes selected may be deleted by pushing the appropriate push button. When the care provider is done selecting diagnosis codes, the OK option 108 pushbutton is selected directing the care provider back to the Patient Procedure and Diagnosis Codes Screen 104."

Thus, it is should be clear that the original disclosure provides clear support that the care provider can rank order the diagnosis codes by moving each code up or down within the list. This is further apparent from FIG. 12. Note that at the upper right portion of the display, for each procedure, there is a "Diag 1", "Diag 2", "Diag 3", Diag 4." Thus, it is clear that for each procedure there is a set of ranked diagnosis codes linked to the procedure code and that this relationship is stored and maintained.

Therefore it is respectfully, submitted that there is clear support for the above-identified limitations and no new matter has been added. In any event, in the unlikely event that the Examiner does not agree that these rejections should be withdrawn, it is requested that the Examiner more particularly explain any remaining issues, as all of these limitations are believed to be well-supported in the original specification.

ISSUES UNDER 35 U.S.C. § 112

Claims 84-89, 92-100, 102-103 have been rejected under 35 U.S.C. § 112, first paragraph, as containing subject matter which was not described in the specification in such as

way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. In particular, it is indicated that independent claims 84, 92, and 98 and dependent claims 95-97 recite limitations that are new matter. As previously discussed, the limitations of these claims are fully supported by the specification as originally filed, therefore these rejections must be withdrawn.

Claims 85-89, 93-97, 99-100, and 102-103 have been rejected solely for their dependency on independent claims 84, 92, and 98. For the reasons previously expressed, these rejections must also be withdrawn.

ISSUES UNDER 35 U.S.C. 103

Claims 84, 88-89, 94-100, and 102-103 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,393,404 to Waters et al., in view of U.S. Patent No. 5,325,293 to Dorne. These rejections are respectfully traversed.

As the Examiner recognizes, Waters does not disclose storing a relationship defined by the linking wherein the relationship includes rank ordering of the selection of the at least one diagnosis code linked to the selection of the patient procedure code (Office Action, p. 6). Instead, the Examiner relies upon Dorne. The Examiner indicates that Dorne discloses storing (in memory) "all of the likely ICD-9 codes associated with the procedures that the user has selected" (Dorne; col. 16, lines 14-16) and that such disclosure reads on "a relationship defined by the linking." The Examiner further indicates that Dorne's disclosure of "keeping track of the ICD-9 diagnostic codes most likely associated with the procedures selected by the user" (Dorne; col. 16, lines 9-12, 20-21; col. 12, lines 46-50) reads on "rank ordering of the selection of the at

least one diagnosis code linked to the selection of the patient procedure code" (Office Action, pp. 6-7).

These rejections are traversed because in order to support the rejection, the Examiner is forced to parse the language of the claim in a manner which was not intended. To clarify, however, claim 84 has been amended to recite that "the patient procedure code associated with a procedure performed on a patient during a patient encounter" and "the at least one diagnosis code associated with at least one diagnosis of the patient performed during the patient encounter." In addition, claim 84 has been amended to specify that the relationship is stored "to thereby document the patient encounter." These clarifications place the language of the claims in their intended context. The cited portion of Dorne does not disclose that "the relationship includes rank ordering of the selection of the at least one diagnosis code linked to the selection of the patient procedure code" because the claimed ordering of diagnosis codes are all associated with the same procedure of the same patient encounter. Therefore this rejection to claim 84 must be withdrawn on this basis.

As claims 88-89 depend from claim 84, these rejections must also be withdrawn. With respect to claims 94-97, these claims also depend from claim 84, therefore these rejections must be withdrawn. As claims 85, 99-100, 102-103 also depend from claim 84, these rejections should also be withdrawn.

Claim 98 requires "linking the selection of the patient procedure code to the selection of the at least one diagnosis code on the first computer, wherein the linking of the section of the patient procedure code and the selection of the at least one diagnosis code provides for maintaining a rank ordered relationship between the patient procedure code and the at least one diagnosis code to thereby provide a detailed record of an encounter." Neither Dorne nor Waters

discloses such a limitation. In particular, neither Dorne nor Waters provides for maintaining a rank ordered relationship between the patient procedure code and the at least one diagnosis code to thereby provide a detailed record of an encounter. The Examiner's reliance upon Dorne is misplaced because Dorne merely discloses that a list of the most common diagnosis codes is maintained to improve the user interface of its software and to make it convenient to select diagnosis codes. This is not the same as maintaining a rank ordered relationship in order to provide a detailed record of an encounter. Neither Dorne nor Waters recognize the need to provide and maintain the rank ordering of the diagnosis codes associated with a procedure code in order to provide a detailed record of the encounter. Therefore this rejection to claim 98 should be withdrawn.

Claim 92 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Guadagnino, Christopher, "Documentation and coding tools" (hereinafter Guadagnino) for substantially the same reasons given in the previous Office Action and further in view of U.S. Patent No. 5,235,293 to Dorne. This rejection is respectfully traversed. Claim 92 has been amended to require "linking the at least one diagnosis code in rank order to the patient procedure code such that a defined relationship between the patient procedure code and the at least one diagnosis code is maintained to thereby provide a record of a patient encounter." For reasons previously expressed, Dorne does not disclose such a limitation. Nor does Guadagnino. Therefore this rejection to claim 92 must also be withdrawn.

Claim 93 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Guadagnino, Christopher "Documentation and coding tool", U.S. Patent No. 5,325,293 to Dorne, and further in view of Lavin. Given the amendment to claim 92 previously discussed and the Examiner's misplaced reliance on Dorne, this rejection must also be withdrawn.

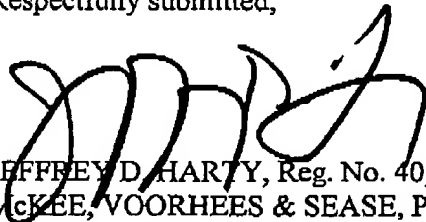
CONCLUSIONS

No fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

In the event that the Examiner does not find all claims in proper form for immediate allowance, the Examiner is invited and encouraged to contact the undersigned attorney to arrange for a telephonic or in person interview to assist in advancing prosecution of the case.

Reconsideration and allowance is respectfully requested.

Respectfully submitted,



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